

SF 1 PRINTING AND BINDING REQUISITION To the PUBLIC PRINTER Please furnish the following:

JACKET NO. (Assigned at GPO)		<input type="checkbox"/> RED <input type="checkbox"/> BLACK	REQUISITION NO.
FROM (Department or Government Establishment)		(Bureau or Office)	DATE
APPROPRIATION CHARGEABLE/APPLICABLE LAW		BILLING ADDRESS CODE (BAC)	AUTHORIZED BY
TITLE		QUALITY LEVEL	FORM NO.
QUANTITY (Units of finished products)	FINISHED PRODUCT (Check one) <input type="checkbox"/> Books or Pamphlets <input type="checkbox"/> Blank Forms (Sheets) <input type="checkbox"/> Sets <input type="checkbox"/> Pads or Tablets <input type="checkbox"/> Other (Specify)		CLASSIFICATION
THIS ORDER RIDES (Department)	(Requisition No.)	(Jacket No.)	STRAP WITH REQUISITION NO.

PAPER STOCK AND INK	Text	FIRST CHOICE (Grade, color, and basis weight)	SECOND CHOICE (If any)	COLOR(S) OF INK
	Cover			
	OTHER (Specify)			

COMPOSITION	FURNISHED (Magnetic Tape) (Negatives) (Camera Copy) (Manuscript) (Shoot printed copy)		PREVIOUS JACKET/REQ. (If reprint)		
	<input type="checkbox"/> Direct Drive <input type="checkbox"/> Other				
	TEXT TYPE (Pt., Face, Leaded/Solid)	DISPLAY TYPE (Face)	MARGINS (After trim Picas/inches) Back/Left Top Other	FOL LIT. FORMS MUST REGISTER TYPEWRITER SPACING	
	TYPE PAGE No. of Col. Width WIDTH (Pica) Cols.	TYPE PAGE DEPTH (Include running head but not bottom folio)	ILLUSTRATIONS (Total)	PICK UP FROM: Jacket No. Req.No. RESTORE TO ORIGINAL JACKET	HOLD REPRODUCIBLES (Specify)(Negs.,type,mag.tape) Weeks

PRESS AND BINDERY	PRINT ONE SIDE ONLY	HEAD TO HEAD	HEAD TO FOOT	OTHER	COVER PRINTS 1 2 3 4	EMBOSS	RULING (Print or Bindery)	PERFORAT E	SCORE	Position	NUMBER (Inclusive) TO	Color of ink	
	SIZE FLAT (Inches) FORMS, SETS, PADS		FOLD TO (Inches)		SIZE TRIMMED PAGE (Inches) BOOKS/PAMPH		PAGES		FOLDING/INSERTS		PAPER COVERS (Shelf) (Separate)		
	WIRE STITCH (Side) (Saddle) (No.)		PASTE ON FOLD		LOOSELEAF	ADHESIVE BOUND	SEW	CASE BOUND	(Material and Color)		STAMP TITLE (Bindery) Cover Spine Gold Im. Gold Ink (color)		
	PAD/SETS (Gum) (Stitch) (Pos.)		(Sheets in Pad)	(Sets in Pad)	(Sheets in Set)	PUNCH/ DRILL	(Shape)	(No. of holes)	(Diam.)	(Inches Center to Center)	(Pos.)	ROUND CORNERS (No.) (Position)	
	GATHER (Explain)							CARBON INTERLEAVE	INDEX (Cut)	(Tab)	(Bleed)	LIP DIVIDERS (Height of Lip) (Width of cut 1/5 etc.) (Pos.)	

PROOFS AND DELIVERY	REQUESTED PROOF DATE	PROOF SETS (Galley) (Page)	DEPT. HOLD (Workdays) (Galley) (Pages)	PROOFS TO					
	REQUESTED DELIVERY DATE	KRAFT WRAP	SHRINK	BAND IN SETS	SUITABLE	OTHER PACKAGING (Specify)	QUANTITY IN PACKAGE	PACK IN CARTONS	B/L FURNISHED
	DELIVER TO								

ADDITIONAL INFORMATION

FOR ADDITIONAL INFORMATION CONTACT (Name and Telephone Number)

BILLING ADDRESS (If BAC has not been assigned)

I certify that this work is authorized by law and necessary to the conduct of the business of the above-mentioned government establishment.

STANDARD FORM 1 (Rev July 1979)  
Prescribed by GPO  
Title 44 of the U.S. Code

(Authorizing Signature)

(Title)